

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
 STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis.
 (b) City or town St. Louis.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4014 Cottage Ave.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 55 Years.
 In this community 55 Years.
 years, months or days (Specify whether

3. (a) PRINT FULL NAME Rose Ambersley.

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced Widow.
 6. (b) Name of husband or wife John Ambersley. 6. (c) Age of husband or wife if alive 1874 years
 7. Birth date of deceased Unknown
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 Unknown. Unknown. hr. min.

9. Birthplace Ireland. 4
 (City, town, or county) (State or foreign country)

10. Usual occupation At Home.

11. Industry or business.

MOTHER FATHER { 12. Name John Murphy. 4
 13. Birthplace Ireland. 4
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown.
 15. Birthplace Ireland. 4
 (City, town, or county) (State or foreign country)

16. (a) Informant John Ambersley.
 (b) Address Admiral Hotel, 233a Olive St
 17. (a) Burial. (b) Date thereof 1-30-1942
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly
 (b) Address 3840 Linfield Blvd
 19. (a) JAN 30 1942 (b) J. J. Brebeck
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 6
 (c) City or town St. Louis.
 (If outside city or town limits, write "RURAL")
 (d) Street No. 3447 Geraldine Ave. 0
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 27th.
 year 1942 hour 2. minute 45 P. M.

21. I hereby certify that I attended the deceased from Jan 21/1942
 19 Jan 27
 that I last saw him alive on Jan 27
 and that death occurred on the date and hour stated above.

Immediate cause of death Stroke myocardial infarct
 Due to U

Due to U
 Other conditions Diabetes
 (Include pregnancy within 3 months of death)

Major findings: Of operations SA
 Of autopsy SA
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify)
 (b) Date of occurrence
 (c) Where did injury occur? (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury
 23. Signature B. J. Ferguson (M. D. or other)
 Address 1878 Madison Date signed 1/28/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Stanley Marshall

Licensed Embalmer No. *2868*

P. O. Address. *3840 Lindell*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.